

In re Application of:

Docket No. 03500.017948

Kenichi HAYASHI et al.

Examiner: Leslie A. Nicholson III

Appln. No.: 10/789,985

Group Art Unit: 3651

Filed: March 2, 2004

Confirmation No.: 9668

For: SHEET PROCESSING APPARATUS
FOR STORING SUPPLIED SHEETS WHILE
PRECEDING SHEETS ARE PROCESSED

September 7, 2006

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	40	MINUS	41	= 0	x \$25 \$50	\$ 0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the Extension fee for response within ____ months is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

/Gary M. Jacobs/

Gary M. Jacobs
Attorney for Applicants
Registration No. 28,861

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GMP/ulp

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